

## PART B—ISSUE FEE TRANSMITTAL

242-643

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)		
PATENT GROUP FOLEY HOAG & ELIOT ONE POST OFFICE SQUARE BOSTON MA 02109		INVENTOR'S NAME <i>RECEIVED</i> Street Address City, State and ZIP Code CO-INVENTOR'S NAME Street Address City, State and ZIP Code		
		Division NOV 01 1996 01		
		<input type="checkbox"/> Check if additional changes are on reverse side		
SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/636,854	04/23/96	046	GREGORY, B	2202 08/16/96
First Named Applicant	MICHAEL J. STILWITZ			
TITLE OF INVENTION	METHOD FOR CERTIFYING PUBLIC KEYS IN A DIGITAL SIGNATURE SCHEME			

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
2	U/17257-0015	380-025.000	Z99	UTILITY	YES	\$645.00 XXXXXX	11/16/96

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 Foley, Hoag & Eliot LLP
	2 _____
	3 _____

DO NOT USE THIS SPACE

810 BL 11/15/96 08636854  
1 242 645.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____
(1) NAME OF ASSIGNEE:	6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 06-1448 (ENCLOSE PART C) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees _____
(2) ADDRESS: (CITY & STATE OR COUNTRY)	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.
A. <input checked="" type="checkbox"/> This application is NOT assigned. <input type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. <b>PLEASE NOTE:</b> Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	(Authorized Signature) <i>Donald W. Muirhead</i> (Date) 10/30/96 Donald W. Muirhead, Reg. #33978 NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

1. TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

## 7 Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE  
Commissioner of Patents and Trademarks  
Washington, D.C. 20231

on October 30, 1996  
(Date)

Elizabeth A. Hart  
(Name of person making deposit)  
Elizabeth A. Hart  
(Signature)

October 30, 1996  
(Date)

Note: If this certificate of mailing is used, it can only be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Office of Information Systems, Patent and Trademark Office, Washington, D.C. 20231, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, (Project 0651-0033), Washington, D.C. 20503. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Box Issue Fee, Washington, DC 20231.

**PART C—CHARGE TO DEPOSIT ACCOUNT**

**1. CORRESPONDENCE ADDRESS**

RECEIVING OFFICE  
U.S. PATENT AND TRADEMARK OFFICE  
CIVIL & USES GROUP 11  
EXAMINER PM/ D. J. L.

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
First Named Applicant				

**TITLE OF INVENTION**

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE

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2a. The following fees are enclosed:
<input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____
2b. The following fees should be charged to:
DEPOSIT ACCOUNT NUMBER <u>06-1440</u>
<input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____
<input type="checkbox"/> Any Deficiencies in Enclosed Fees
The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.
(Authorized Signature) <u>Donald M. Miller</u>
Donald M. Miller, Reg. #33272 10/30/96
NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

**2. TRANSMIT THIS FORM WITH PART B WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT**